be given a few minutes before we close down tonight to speak on my situation and put some material into the RECORD. Is there objection to that—less than 5 minutes before we close tonight?

Mr. McCONNELL. Mr. President, Senator WARNER is requesting some time to explain.

Mr. WARNER. I will need less than 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

## PROGRAM

Mr. McCONNELL. Mr. President, tomorrow the Senate will resume consideration of S. 1805, the gun liability bill. Senator McCain will then be recognized to offer an amendment relating to the gun show loophole, which will immediately be laid aside for Senator Feinstein to offer her assault weapons ban amendment. Senator FRIST will then be recognized to offer his D.C. gun ban amendment. Following the offering of these amendments, the time until 11:35 a.m. will be equally divided for debate on these three amendments. At 11:35 a.m., the Senate will proceed to a stacked series of votes culminating in the passage of the bill. Therefore, I inform our colleagues that the first vote of tomorrow's session will occur at 11:35 a.m.

## ORDER FOR ADJOURNMENT

Mr. McConnell. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order following the remarks of Senator Warner for 5 minutes; Senator Dewine for 30 minutes; Senator Dayton for 15 minutes; and Senator Levin for 5 minutes.

The PRESIDING OFFICER. Is there objection?

The Democratic leader.

The Senator from Minnesota.

Mr. DAYTON. I ask unanimous consent that the time be switched and I go after Senator LEVIN.

The PRESIDING OFFICER. Is there objection?

Mr. DASCHLE. I know the distinguished Senator from Virginia and the Senator from Michigan have just a couple of minutes they wish to speak—actually Senator Levin had only asked for 3 minutes—so I ask unanimous consent that Senator Levin and Senator Warner be recognized prior to Senator Schumer, Senator Dewine, and Senator Dayton.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Virginia.

## PROTECTION OF LAWFUL COMMERCE IN ARMS ACT

Mr. WARNER. I rise to speak to an amendment to address the issue of tort

reform. While today, the Senate is debating tort reform for the gun industry, I wish to take a few moments to raise the issue of tort reform with regard to another industry—the health care profession.

My father dedicated his life's work to medicine as a surgeon gynecologist. As a youngster, I watched first-hand how he caringly watched over his patients. As a result of my father, I have always had a great deal of respect for the medical profession.

For one reason or another, though, I did not follow in my father's footsteps. Rather than become a doctor, I became a lawyer.

Upon graduation from law school, I served as a law clerk for Judge E. Barrett Prettyman of the United States Court of Appeals for the DC Circuit. Subsequently, I worked as a Federal prosecutor and then moved to private practice with a major law firm.

I have direct experience with two professions—the medical profession and the legal profession. I admire both professions and believe the overwhelming majority of doctors and lawyers are dedicated people who work hard to serve their patients and clients.

Soon, the Senate will vote on S. 1805, legislation that provides certain legal protections to the gun industry. Legal protections which are denied almost across the board to every other industry in the private sector, including the medical profession.

Proponents have argued that this legislation is necessary because lawsuits are driving gun dealers and gun manufacturers out of business. Well, the same is happening to our doctors.

Doctors, nurses, and other health professionals are leaving the practice of medicine due to the astronomical costs of malpractice insurance and due to the constant battle against frivolous lawsuits and runaway jury verdicts. In my view, if we are going to protect the gun industry from lawsuits, we at least ought to provide some measure of protection for doctors and nurses as well.

We have all heard the real stories from doctors about the rapidly increasing cost of medical malpractice insurance. In some States, malpractice insurance premiums have increased as much as 75 percent in 1 year. As a result, the fact is that those doctors, unable to afford ever-increasing premiums, are leaving the profession altogether and patients are losing access to quality health care.

I have received numerous letters from medical professionals in the Commonwealth of Virginia that share with me the very real difficulties they are encountering with malpractice insurance and the consequences of this problem. Let me read part of one those letters that was sent to me by a doctor in Virginia. The doctor writes:

I am writing you to elicit your support and advice for the acute malpractice crisis going on in Virginia. . . . I am a 48-year-old single parent of a 14 and 17 year old. After all the

time and money spent training to practice Ob-Gyn, I find myself on the verge of almost certain unemployment and unemployability because of the malpractice crisis. I have been employed by a small Ob-Gyn Group for the last 7 years. . . . Our malpractice premiums were increased by 60% in May 2003. . . . The prediction from our malpractice carrier is that our rates will probably double at our next renewal date in May 2004. The reality is that we will not be able to keep the practice open and cover the malpractice insurance along with other expenses of practice.

Out of respect for this doctor's privacy, I will not share the doctor's name, but I do keep her letter in my files. Unfortunately, though, this doctor's experience is not unique.

Both Time Magazine and Newsweek have thoroughly detailed the crisis doctors are facing across America.

In June of 2003, Time Magazine had a cover story on the affects of rising malpractice insurance rates. The story, entitled "The Doctor is Out" discusses several doctors, all across America, who have had to either stop practicing medicine or have had to take other action due to increased insurance premiums.

One example cited in Time's article is the case of Dr. Mary-Emma Beres. Time reports:

Dr Mary-Emma Beres, a family practitioner in Sparta, N.C., has always loved delivering babies. But last year Beres, 35, concluded that she couldn't afford the tripling of her \$17,000 malpractice premium and had to stop. With just one obstetrician left in town for high risk cases, some women who need C-sections now must take a 40-minute ambulance ride.

Dr. Beres case makes clear that not only doctors are being affected by the medical malpractice insurance crisis, patients are as well. With increased frequency, due to rising malpractice rates, more and more patients are not able to find the medical specialists they need.

Newsweek also recently had a cover story on the medical liability crisis. That cover story was entitled, "Lawsuit Hell." I was particularly struck by the feature in this magazine about a doctor from Ohio who saw his malpractice premiums rise in one year from \$12,000 to \$57,000 a year. As a result, this doctor, and I quote from the article, "decided to lower his bill by cutting out higher-risk procedures like vasectomies, setting broken bones and delivering babies even though obstetrics was his favorite part of the practice. Now he glances wistfully at the cluster of baby photos still tacked to a wall in his office, 'I miss that terribly,' he savs."

While these stories are compelling on their own, the consequences of this malpractice crisis can even be more profound.

On February 11, 2003, Ms. Leanne Dyess of Gulfport, MS, shared with both the HELP Committee and the Judiciary Committee her very personal story about how this crisis has affected her

Ms. Dyess told us how on July 5, 2002, her husband, Tony, was involved in a